

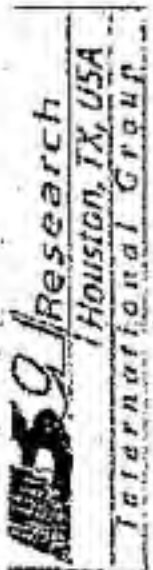
ALL TIMESHEETS DUE TO ACCOUNTING BY

07/9/08 AT 9:00am

[illegible]

ALL TIMESHEETS DUE TO ACCOUNTING BY

07/24/08 AT 9:00am



PAY PERIOD: 7/12/08 to 7/26/08		EMPLOYEE:		SUPERVISOR APPROVAL:														TOTAL	
PAYDAY: Thursday, July 31, 2008																			
Study Name	Study Number	Client Code		12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
Tolterodine	TOLT101	100																	32
Letrozole	10845603																		8
Doxifluoridine	2071248	80																	24
Pseudoephedrine	20801798	159																	8
Doxifenacin	2071248	80																	8
Premium Hours:																			
Tolterodine	TOLT101	100											4	12	12				56
Pseudoephedrine	20801798	159																	32
Doxifluoridine	2071248	80											8	4	8				12
Doxifenacin	2071248	80																	16
Administrative:																			
Tolterodine	TOLT101	8710-108																	8
Out of office (Appt. etc.)																			
Uncompensated time (if no clock or vac available)																			0.00
Holiday																			
Vacation																			
Sick Leave																			
Bereavement Leave																			
TOTAL HOURS													20	24	28	16	8		204
Extra hours (unpaid)																			

BA - 0069

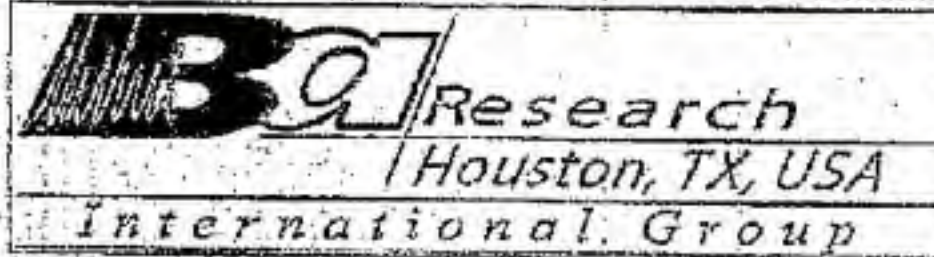
ALL TIMESHEETS DUE TO ACCOUNTING BY

08/08/08 AT 9:00am



PAY PERIOD: 7/27/08 to 8/11/08		EMPLOYEE		SUPERVISOR APPROVAL:											TOTAL				
Study Name	Study Number	Client Code	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12
Quest-Pine	05122PKP03							8											16
Dariguan	2077249			8															16
Metformin	308-0144	69									8	8	8	8	8			8	48
Premium-Hours																			
Olmesartan	CR00013450	65						8											28
Hydrocodone								4											4
Quest-Pine	05122PKP03																		16
Dariguan	2077249			4															8
Metformin	308-0144														4				
Administrative:																			
Out of office (Appt. etc.)																			16
Uncompensated Time (if no sick or vac available)																			
Holiday																			0.00
Vacation																			
Sick Leave																			8
Bereavement Leave																			
TOTAL HOURS		16		12	12	8	16	16	16	16	8	8	8	12	8			8	164
Extra Hours (unpaid)																			

BA-0070



"ATTACHMENT C"
Absentee Report

Date of Report: 7/31/08

Name of Employee: [REDACTED]

Leave of Absence: from: 7/30/08 until: 7/30/08

The above referenced employee was absent for work today for the following reason:

- ☒ Illness - Self (if more than 2 days please attach a Doctor's excuse)
- ☐ Illness - Family (please designate who and estimate duration)
- ☐ Vacation
- ☐ Jury Duty (attach copy of notice)
- ☐ Bereavement Leave (Please include description and requested time)
- ☐ Uncompensated Leave of Absence
- ☐ Unexcused Absence
- ☐ Out of the office - From _____ to _____ on (date) _____

Reason:

Signature - Employee

Signature - Supervisor

[REDACTED]

BA - 0071

ALL TIMESHEETS DUE TO ACCOUNTING BY
08/22/08 AT 9:00am



PAY PERIOD: 8/12/08 to 8/26/08		EMPLOYEE		SUPERVISOR APPROVAL:															
PAYDAY: Friday, August 29, 2008		Client Code	Study Number	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	TOTAL
Study Name																			
METFORMIN	69	508-0144	8	8						8	8	8	8				8	8	40
Metformin	65	08-00014160																	48
Premium Hours:																			
METFORMIN	69	508-0144	4	4															16
Metformin	65	08-00014160	4	4						12	16	6	8						76
Administrative: Metformin		44(8/1/08)																	4
Out of office (Appt. etc.)																			
Uncompensated Time (Time not available)																			
Holiday																			0.00
Vacation																			
Sick Leave																			
Bereavement Leave																			
TOTAL HOURS			4	16	16	8	12			20	28	16	16	16			8	8	184
Extra Hours (unpaid)																			

BA - 0072



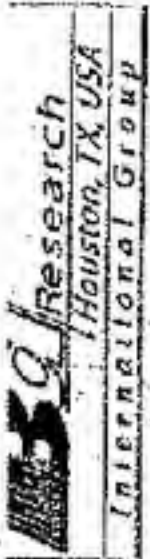
ALL TIMESHEETS DUE TO ACCOUNTING BY
09/9/08 AT 9:00am

PAY PERIOD: 8/27/08 to 9/10/08		EMPLOYEE:		SUPERVISOR APPROVAL:													
PAYDAY: Monday, September 15, 2008																	
Study Name	Study Number	Client Code	27	28	29	30	1	2	3	4	5	6	7	8	9	10	TOTAL
Wapreper	CAI-00014161	65	8	8	8			4	8	3	8			8	8	8	80
Premium Hours:																	
Wapreper	CAI-00014160	65	11	8	12			8	4	3	4				8		56
Wapreper	208-0144			4													12
Administrative:																	
Wapreper	CAI-00014160	+16 (8/23-24/08)															16
Out of office (Appt. etc.)																	
Uncompensated time (if no sick or vac available)																	
Holiday																	8.00
Vacation																	
Sick Leave																	
Bereavement Leave																	
TOTAL HOURS			12	20	20		16	16	12	16	12			8	16	8	180
Extra Hours (unpaid)																	180

BA - 0073

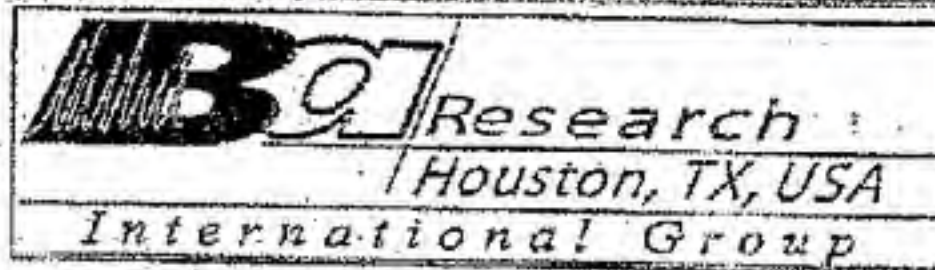
ALL TIMESHEETS DUE TO ACCOUNTING BY

09/24/08 AT 9:00am




PAY PERIOD: 09/11/08 to 09/26/08		EMPLOYEE:		SUPERVISOR APPROVAL:															
PAYDAY: Tuesday, September 30, 2008																			
Study Name	Study Number	Client Code	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	TOTAL
W. J. Research	09/11-09/26/08		8	8										8	8	8	8	8	80
Premium Hours:																			
Administrative: <i>B. J. Research</i>																			
Out of office (Appt. etc.):																			
Uncompensated Time (if no sick or vac. available):																			
Holiday																			
Vacation																			
Sick Leave																			
Bereavement Leave																			
TOTAL HOURS																			
Extra Hours (unpaid)																			

BA - 0074



"ATTACHMENT C"
Absentee Report

Date of Report: 7/18/06


Name of Employee: 

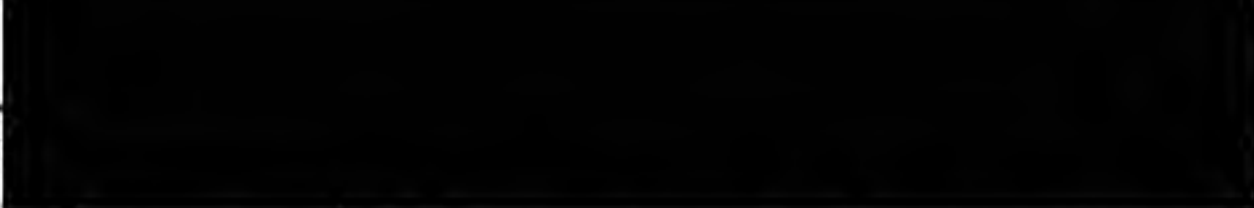
Leave of Absence: from: 7/17/06 until: 7/17/06

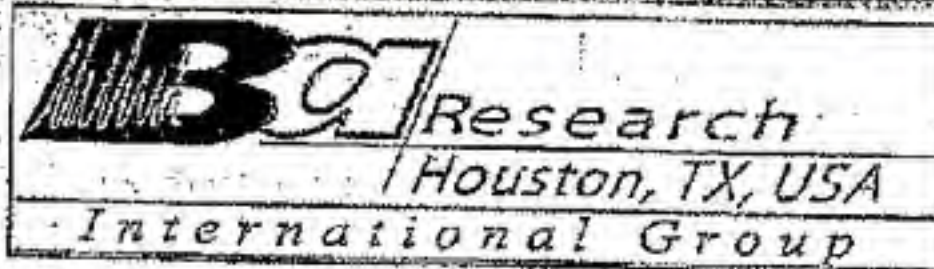
The above referenced employee was absent for work today for the following reason:

- ☒ Illness - Self (if more than 2 days please attach a Doctor's excuse)
- ☐ Illness - Family (please designate who and estimate duration)
- ☐ Vacation
- ☐ Jury Duty (attach copy of notice)
- ☐ Bereavement Leave (Please include description and requested time)
- ☐ Uncompensated Leave of Absence
- ☐ Unexcused Absence
- ☐ Out of the office - From _____ to _____ on (date) _____

Reason:

Signature - Employee: 

Signature - Supervisor: 



"ATTACHMENT C"
Absentee Report

Date of Report:

9/22/08

Name of Employee:



Leave of Absence:

from:

9/19/08

until:

9/19/08

The above referenced employee was absent for work today for the following reason:

☒ Illness - Self (if more than 2 days please attach a Doctor's excuse)

☐ Illness - Family (please designate who and estimate duration)

☐ Vacation

☐ Jury Duty (attach copy of notice)

☐ Bereavement Leave (Please include description and requested time)

☐ Uncompensated Leave of Absence

☐ Unexcused Absence

☐ Out of the office - From _____ to _____ on (date) _____

Reason:

Signature - Employee:

Signature - Supervisor:



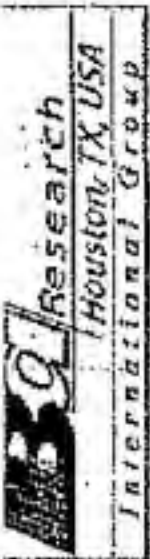
ALL TIMESHEETS DUE TO ACCOUNTING BY

10/09/08 AT 9:00am

Research
Houston, TX, USA
International Group

PAY PERIOD: 9/27/08 to 10/12/08		EMPLOYEE		SUPERVISOR APPROVAL:														TOTAL	
PAYDAY: Wednesday, October 15, 2008		Study Name	Study Number	Client Code	29	30	1	2	3	4	5	6	7	8	9	10	11	12	
CPT-00014161 (Theophylline)					8	8	8	8	8	8	8	8	8	8	8	8		84	
MPC 004081012 (Theophylline)				402														56	
Premium Hours:																			
CPT-00014161																			
Theophylline																			
Administrative:																			
Out of office (Appt. etc.)																			
Uncompensated Time (if no time available)																			
Holiday																			
Vacation																			
Sick Leave																			
Bereavement Leave																			
TOTAL HOURS				4	8	12	8	8	8	8	8	8	8	8	8	8		116	
Extra Hours (unpaid)																			

BA - 0077



ALL TIMESHEETS DUE TO ACCOUNTING BY

10/24/08 AT 9:00am

PAY PERIOD: 10/13/08 to 10/26/08		EMPLOYEE:		SUPERVISOR APPROVAL:												TOTAL	
PAYDAY: Friday, October 31, 2008																	
Study Name	Study Number	Client Code	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
Theophylline	10100000000000000000	402	8	8	8	8	8			8	8	8					64
Levodopa	10100000000000000000	402															16
Premium Hours:																	
Theophylline	10100000000000000000	402	4	8			4			4	4	4					32
Levodopa	10100000000000000000	402					4			4	4	4					32
Administrative: Theophylline 16 (10/10, 10/11, 10/12, 10/13, 10/14, 10/15, 10/16, 10/17, 10/18, 10/19, 10/20, 10/21, 10/22, 10/23, 10/24, 10/25, 10/26)																	
Out of office (Appt. etc.)																	
Uncompensated time (if no sick or vac available)																	
Holiday																	
Vacation																	
Sick Leave																	
Bereavement Leave																	
TOTAL HOURS																	
Extra Hours (unpaid)																	
160																	

BA - 0078



ALL TIMESHEETS DUE TO ACCOUNTING BY
11/10/08 AT 9:00am

PAY PERIOD: 10/27/08 to 11/11/08		EMPLOYEE:		SUPERVISOR APPROVAL:														
PAYDAY: Friday, November 14, 2008																		
Study Name	Study Number	Client Code	27	28	29	30	31		3	4	5	6	7	8	9	10	11	TOTAL
LidoCaine	047-00011933	65	8	8	8	8	8		8	8						8	8	56
Naloxone	508025945	90									8	8	8			8	8	40
Premium Hours:																		
LidoCaine	047-00011933	65	4		4													8
Naloxone	5080259	90										8	14					28
Administrative:																		
Out of office (Appt. etc.)																		
Uncompensated Time (no sick or vacation available)																		
Holiday																		0.00
Vacation																		
Sick Leave																		
Bereavement Leave																		
TOTAL HOURS			12	8	8	8	8	8		8	8	8	8	12		8	8	132
Extra Hours (unpaid)																		

BA - 0079

ALL TIMESHEETS DUE TO ACCOUNTING BY
11/21/08 AT 9:00am

Research
Houston, TX, USA
International Group

PAY PERIOD: 11/12/08 to 11/26/08		EMPLOYEE		SUPERVISOR APPROVAL														TOTAL		
PAYDAY: Friday, November 28, 2008		Study Name	Study Number	Client Code	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	TOTAL
LidoCarina	20080788				8	8	3													24
LidoCarina	2117-0801									3										3
LidoCarina	20080788										3									3
preparation	20080715	64											8							48
Premium Hours:																				
preparation	20080715										4									4
Administrative																				
Administrative	20080715 (11/11/08)																			4
Out of office (Appt. etc.)																				
Uncompensated time (if no block or vacation available)																				
Holiday																				
Vacation																				0.00
Sick Leave																				
Bereavement Leave																				
TOTAL HOURS					8	8	3			8	12	8	9				8	8		96
Extra Hours (unpaid)																				

BA - 0080



ALL TIMESHEETS DUE TO ACCOUNTING BY
12/9/08 AT 9:00am

PAY PERIOD: 11/27/08 to 12/11/08		EMPLOYEE: [REDACTED]		SUPERVISOR APPROVAL: [REDACTED]												
PAYDAY: Monday, December 15, 2008		Client Code	Study Number	1	2	3	4	5	6	7	8	9	10	11	TOTAL	
Study Name																
Programmer			BA0864215													
Programmer			C1177-1104	8	8		8								24	
Programmer			C1177-1103			8		8			8	8			24	
Programmer			P-08-1242													
Premium Hours:																
Programmer			C1177-1104	4				4							8	
Programmer			C1177-1103		4	8	4								16	
Programmer			P-08-1242								4				4	
Administrative:																
Out of office (Appt. etc.)																
Uncompensated Time (if no sick or vac. available)																
Holiday																
Vacation															16.00	
Sick Leave																
Bereavement Leave																
TOTAL HOURS				12	12	16	12	12			12	8	8	8	116	
Extra Hours (unpaid)															36	

BA - 0081



ALL TIMESHEETS DUE TO ACCOUNTING BY
12/22/08 AT 9:00am

PAY PERIOD: 12/12/08 to 12/26/08		EMPLOYEE		SUPERVISOR APPROVAL:													TOTAL			
PAYDAY: Wednesday, December 31, 2008		Study Name	Study Number	Client Code	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	TOTAL
LidoCaine	20080788	171	8																	
Pentangle	508-0470	50																		
Premium Hours:																				
LidoCaine	20080788	171																		
Pentangle	508-0470	50																		
Administrative:																				
Out of office (Appt. etc.)																				
Uncompensated time (if no sick or vac available)																				
Holiday																				
Vacation																				
Sick Leave																				
Bereavement Leave																				
TOTAL HOURS																				
Extra Hours (unpaid)																				

BA - 0082

TOTAL HOURS
Extra Hours (unpaid)

